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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10532190 | <b>Applicant(s)/Patent Under Reexamination</b><br>KOENENKAMP, ROLF |
|   | <b>Examiner</b><br>Phuc T Dang             | <b>Art Unit</b><br>2892  |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                       |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|-----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                       | NON-CLAIMED |  |  |  |  |  |  |  |
| 438                       |  | 257      |  |  |  | H                            | O | I | L | 21 / 338 (2008.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| 438                       | 259                                      | 263      |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| 257                       | 314                                      | 315      |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
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|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
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|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
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|                           |  |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 1   | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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| NONE<br><br>(Assistant Examiner) _____ (Date) _____<br>/Phuc T Dang/<br>Primary Examiner Art Unit 2892<br>(Primary Examiner) _____ (Date) _____ |  | <b>Total Claims Allowed:</b><br>7<br><br>O.G. Print Claim(s) _____ O.G. Print Figure _____<br>1 _____ 3 _____ |  |
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